

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43830

State File No.

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2445

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Koch  
(c) Name of hospital or institution: Robert Koch Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 252 days  
(Specify whether years, months or days)  
In this community

3. (a) PRINT FULL NAME

Black, Lawrence

3. (b) If veteran, name war

3. (c) Social Security No. you?

4. Sex M

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased

June 15 1913  
(Month) (Day) (Year)

8. AGE:

Years 27 Months 6 Days 7  
If less than one day hr. min.

9. Birthplace

St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation

Postman & WPA worker

11. Industry or business

Hotels and factories

12. Name

Lawrence Black

13. Birthplace

Wichita, Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name

Beatha Gray

15. Birthplace

St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant

Attendant

(b) Address

17. (a)

Burial (b) Date thereof 12/27/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

Greenwood Cemetery

18. (a) Signature of funeral director

W. H. Green

(b) Address

3517 So. 4th St. St. Louis, Mo.

19. (a)

DEC 27 1940 (b) W. H. Green  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1853 1/2 O'Fallon  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22  
year 1940 hour 8 minute 05 P.

21. I hereby certify that I attended the deceased from April 10, 1940, to December 22, 1940; that I last saw him alive on December 22, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

About 1 1/2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —  
(b) Date of occurrence —  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury

23. Signature R. W. Folk (M. D. or other)  
Address Koch, Mo. Date signed 12/27/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 1173

P. O. Address 3517 Soledad

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**